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<b>CONDITIONAL NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> 09634/000L265-US0	
		In re Application of Kenji Narahara et al.	
		Application Number 09/325,214	Filed June 3, 1999
		For DETECTION APPARATUS AND METHOD FOR SAME	
		Art Unit 1641	Examiner B. T. L. Nguyen
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 330.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 165.00	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-0100. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the		 Signature	
<input type="checkbox"/> applicant /inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Louis J. DeJuidice Typed or printed name	
<input type="checkbox"/> attorney or agent of record. Registration number _____		(212) 527-7791 Telephone number	
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 47,522		January 30, 2004 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_

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